

## PART B - FEE(S) TRANSMITTAL

12-21-06

B/x  
C.C.Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee communications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

32615

7590

10/05/2006

OSHA LIANG L.L.P./SUN  
1221 MCKINNEY, SUITE 2800  
HOUSTON, TX 77010

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

12/22/2006 CCHAU2 00000020 09895530

01 FC:1501  
02 FC:8001

1400.00 OP  
6.00 OP

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/895,530	06/29/2001	Brian Rasmussen	SUN-P6570	8174

TITLE OF INVENTION: SMART CARD SECURITY FOR COMPUTER SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$0	\$1400	01/05/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
JUNG, DAVID YIUK	2134	713-185000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.563).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 OSHA LIANG LLP

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

SUN MICROSYSTEMS, INC.

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 2

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

- ☐ A check is enclosed.
- ☒ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 50-0591 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
- ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

T-S

Date December 20, 2006

Typed or printed name

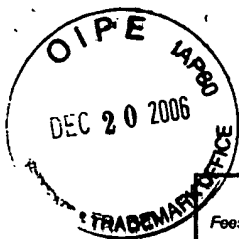
THOMAS SCHERER #

Registration No.

45,079

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>	
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application Number	09/895,530-Conf. #8174
		Filing Date	June 29, 2001
		First Named Inventor	Brian Rasmussen
		Examiner Name	D. Y. Jung
		Art Unit	2134
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Attorney Docket No.	03226/558001; P6570
<b>TOTAL AMOUNT OF PAYMENT</b>		<b>(\$)</b>	<b>1,406.00</b>

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Credit Card
<input type="checkbox"/> Money Order	<input type="checkbox"/> None
<input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account	Deposit Account Number: <u>50-0591</u> Deposit Account Name: <u>Osha · Liang LLP</u>
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
	<b>FILING FEES</b>		<b>SEARCH FEES</b>		<b>EXAMINATION FEES</b>		
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fee (\$)</b>	<b>Small Entity Fee (\$)</b>	<b>Fees Paid (\$)</b>
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
						<b>Small Entity</b>	
<b>Fee Description</b>						<b>Fee (\$)</b>	<b>Fee (\$)</b>
Each claim over 20 (including Reissues)						50	25
Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
<b>Total Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	<b>Multiple Dependent Claims</b>		
19		- 21 =	x	=	<b>Fee (\$)</b>		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b>		<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>			
3		- 3 =	x	=			
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b>	<b>Extra Sheets</b>	<b>Number of each additional 50 or fraction thereof</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>		
	- 100 =	/50 (round up to a whole number) x		=			
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): 1501 Utility issue fee						1,400.00	
8001 Printed copy of patent w/o color						6.00	

<b>SUBMITTED BY</b>			
Signature	<u>THOMAS SCHORER</u>	Registration No. (Attorney/Agent)	46,479
Name (Print/Type)	Robert P. Lord	Telephone	(713) 228-8600
		Date	December 20, 2006



Docket No.: 03226/558001; P6570  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Brian Rasmussen

Application No.: 09/895,530

Confirmation No.: 8174

Filed: June 29, 2001

Art Unit: 2134

For: SMART CARD SECURITY FOR COMPUTER  
SYSTEM

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Examiner: D. Y. Jung

**TRANSMITTAL LETTER**

MS Issue Fee  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

1. Part B- Fee(s) Transmittal (1 page);
2. Fee Transmittal (1 page); and
3. Certificate of Express Mailing (1 page).

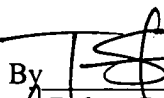
Application No.: 09/895,530

Docket No.: 03226/558001; P6570

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0591, under Order No. 03226/558001; P6570.

Dated: December 20, 2006

Respectfully submitted,

By  #45,079  
Robert P. Lord THOMAS SCHLESER  
Registration No.: 46,479  
OSHA · LIANG LLP  
1221 McKinney St., Suite 2800  
Houston, Texas 77010  
(713) 228-8600

200931\_1



Application No. (if known): 09/895,530

Attorney Docket No.: 03226/558001; P6570

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. EV963979036US in an envelope addressed to:

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Alexandria, VA 22313-1450

on December 20, 2006  
Date

*Brenda C. McFadden*

Signature

Brenda C. McFadden

Typed or printed name of person signing Certificate

Registration Number, if applicable

(713) 228-8600

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Transmittal Letter (2 pages)  
Part B- Fee(s) Transmittal (1 page)  
Fee Transmittal (1 page)  
Payment by credit card. Form PTO-2038 is attached (1 page)  
Charge \$1,406.00 to credit card